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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number (Optional)
011537.106473

In re Application of Aleksander Szlam	
Application Number 09/437,414	Filed November 10, 1999
For Method and Apparatus for Dynamic and Interdependent Processing of Inbound Calls and Outbound Calls	
Group Art Unit 2743	
Examiner Not Yet Assigned	

This request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application.

The requested extension and appropriate non-small entity fee are as follows
(check time period desired):

<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ _____
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ _____
<input checked="" type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ 1,360
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ _____
<input type="checkbox"/> Applicant is a small entity under 37 CFR 1.9 and 1.27, therefore the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.	

A small entity statement under 37 CFR 1.27:

<input type="checkbox"/> is enclosed.
<input type="checkbox"/> has already been filed in this application.
<input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.
<input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.
<input type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number _____. I have enclosed a duplicate copy of this sheet.

I am the assignee of record of the entire interest.

<input type="checkbox"/> applicant.	07/14/2000 AGDIT0M 00000023 09437414
<input checked="" type="checkbox"/> attorney or agent of record.	01 FC:118 1360.00 OP
<input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).	

Registration number if acting under 37 CFR 1.34(a). _____.

7/11/00
Date

Charles L. Warner, #32,320
Signature

Charles L. Warner II
Typed or printed name

Burden Hour Statement. This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, and Trademarks, Washington, DC 20231.